

## Expected Practices

Specialty: Podiatry

Subject: Ingrown Toenail

Date: September 27, 2014

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### Purpose:

To provide practice recommendations for the treatment of ingrown toenail.

### Target Audience:

Primary Care Providers (PCPs).

### Expected Practice:

By condition status:

1. **Infected ingrown nail area, patient has diabetes:** Use eConsult to refer to Podiatry, providing a clear clinical picture to the Podiatry specialty reviewer. When possible, take a picture of the site. Clinical observations which would be relevant include:
  - a. Documented pedal pulses.
  - b. Documented circulatory status of the foot.
  - c. Documented sensory parameters.
    - i. Refer to Expected Practice for Diabetic Foot Exam to obtain instructions on how to conduct thorough exam.
  - d. Note any abscess or drainage problems presenting with the condition.

**When to refer:** Refer patients via eConsult to Podiatry in all cases.

2. **Infected ingrown nail area, patient does not have diabetes and patient has good circulation:** Patient can soak infected toe in Epsom salt and lukewarm water. Antibiotics (cephalexin or clindamycin in patients with PCN allergy) should only be prescribed in cases

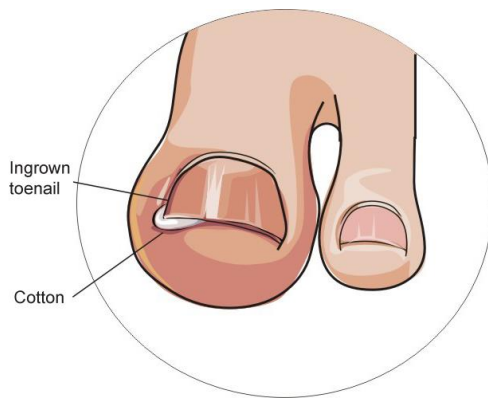
*This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.*

where the ingrown nail is associated with ascending cellulitis, indicated by redness and streaking. Open-toe or loose-fitting shoes should be worn. If possible, the offending nail border or corner should be clipped. PCP should see the patient again in 2 weeks to ensure the condition has resolved.

**When to refer:** Refer patients via eConsult to Podiatry if condition has not resolved and if the offending nail border is so deeply embedded in tissue that nail resection exceeds the experience of the PCP.

3. **Not infected ingrown nail area, but patient has onychomycosis:** Treat onychomycosis as per Expected Practices for Onychomycosis. Educate patient to change shoe gear to a larger or properly-fitting shoe which does not create any undue pressure to the tips of the toe due to stiffness or to size of the shoe. Patient should be able to comfortably wiggle toes in the shoe. A small piece of cotton can be used to lift the offending nail plate. Patients should cut their toe nails straight across.

**When to refer:** Referral to Podiatry generally not required.



4. **Not infected ingrown nail area, no onychomycosis:** Educate patient to change shoe gear to a larger or properly-fitting shoe which does not create any undue pressure to the tips of the toes due to stiffness or to size of the shoe. Patient should be able to comfortably wiggle toes in the shoe. A small piece of cotton can be used to lift the offending nail plate. Patients should cut their toe nails straight across.

**When to refer:** Referral to Podiatry generally not required.